

SLOCAN VALLEY CO-OPERATIVE ASSOCIATION COMMUNITY DEVELOPMENT FUND SMALL GRANTS PROGRAM APPLICATION

P.O. Box 10 – Slocan Park, BC – V0G 2E0 – Ph: 250-226-7433 – Fx: 250-226-7916

The Community Development Fund (CDF) Small Grants Program was created by the Slocan Valley Co-operative Association (SVC) to enhance our commitment in being a community builder. Contributions are intended to assist non-profit groups and organizations within our primary operating trading area of the Slocan Valley and Castlegar with funding for projects and programs.

The Slocan Valley Co-operative has identified the current priorities:

Senior's at Risk - supporting development of outreach programs to aid senior citizens in isolation

Food Security - supporting individuals and young families suffering in difficult economic periods

While the priorities listed above will receive strong consideration, the committee will be reviewing all applications for potential funding. There will be up to four projects or programs selected to each be awarded a maximum of \$5,000 in funding. The application period will be January 1 to February 29 in 2024.

PROGRAM ELIGIBILITY

Full Legal Name of Organization:

Applicants eligible for funding include groups and organizations residing and active in our trading area in the Slocan Valley and Castlegar regions with preference given to active Slocan Valley Co-op member-owners, registered non-profit, registered charitable organizations, or a community service co-operative. Projects or programs must offer full inclusion, being non-discriminative of any members of the general public based on background or affiliation. Funding cannot be retroactive. Projects or programs must be primarily intended to be available to the greater community, and not exclusively intended to benefit individuals. Projects or programs that will not be eligible include those supported by groups or organizations performing third-party fundraising campaigns; those that are supported by religious, politically-affiliated, or advocacy organizations; or those that will have adverse environmental impacts.

PLEASE PRINT CLEARLY & LIST COMPLETE AND ACCURATE INFORMATION - IN OBSERVING APPLICABLE PRIVACY LAWS ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE

Name of Organization:					
(If different from legal name)					
Registered Status:		Charitable Registration Number:			
Main Contact	Main Contact	•	Main Contact		
FIRST NAME:	LAST NAME:		TELEPHONE #:		
E-Mail Address:		Organization Website (if any):			
Organization Operation Length Years of Service:		Primary Location of Operation:			
PROJECT OR PROGRAM DETAILS					
Please explain why your project is needed in the community. Feel free to use statistics, research, needs assessments or evaluations, or community testimonials. (150 words maximum)					

Please describe who will benefit from this project.					
Please identify any potential risks or liabilities with the pro	niect. This includes risk that	may affect your groups abili	ity to complete your project as described		
Please identity any potential risks of habilities with the pr	oject. Tilis iliciudes fisk tila	i illay affect your groups abili	ity to complete your project as described.		
If the project requires land-use, please identify who curre	ntly owns the land and/or	ouilding associated with your	project. If the organization applying is not the ov	wner,	
please outline the terms of the agreement with the owne		,		·	
Please describe the long-term sustainability of your proje- maintenance costs, staffing requirements, insurance):	ct including people and oth	er resources required to ensi	ure the on-going operations of your project. (e.g.	. annual	
maintenance costs, starning requirements, insurance).					
Will there be a cost for your community members to utilize	ze this project?				
, ,					
When/how often will community members have the opportunity	ortunity to access this proje	ct?			
Number of community members who have the opportuni	ty to benefit from this proj	ect.			
Please provide a high-level itemized budget for the scope	of the project				
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ITEM	COST	ITEM	COST		
Please list any funding partners or in-kind donations con	firmed or received for the	roject to date. Please include	e the amount or value of the donation		
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How will the Slocan Valley Co-operative Community Deve	elopment Fund – Small Grants Program funds be used? Ple	ase provide a clear spending breakdown.
Additional to the second of th	and Condensation the Connect When edition is the Ufficiency	the state of the s
	or a fixed project, the Co-op will be asking to identify more ontribution from Slocan Valley Co-operative Community D	
	marily by the Co-op, is there an opportunity to include per ne proposed project? Please note: If 'yes' is selected for na	
the ilian funding contract negotiation.		
SUPPORTING DOCUMENTATION		
If you will be providing supporting documentation as par	t of your application, please list the documents below.	
PLEASE READ, DATE & SIGN BELOW	a december 1	
I acknowledge and agree to the following terms and co		
	that all information I have provided to The Slocan Valley	•
	site visits requested by program administrators to evaluate	e the program and/or to confirm that program
requirements have been met.		
Qualifying applications will be forwarded to the Membe	er & Community Engagement Committee for review. The re	eview process and subsequent decision by the Board of
	ations approved for funding through the Small Grants Prog	
approvals have been completed.		,
	X	
(PRINT NAME)	SIGNATURE	DATE: (mm – dd – yyyy)
OFFICE USE ONLY	Data Pacaiyad	Committee Boylow Pater
Application Received by:	Date Received:	Committee Review Date: